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FILED JUN 23 1948
Registration District No. **576**

Primary Registration District No. **6075**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Hospital #4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months 20 das.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **### City of Ladue**
(If outside city or town limits, write "RURAL")
(d) Street No. **21 Waverton Dr.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **SOPHIA LOGEMAN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **John Leischman** 6. (c) Age of husband or wife if alive **.....** years
7. Birth date of deceased **Oct. 3 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 4 ..br.min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Henry Logeman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Martin & Records St. Hospt. Farmington Mo.**
(b) Address **21 Waverton Dr.**

17. (a) **Burial** (b) Date thereof **5-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **6-14-48** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **1948** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **April 30, 1948** to **May 7, 1948**
that I last saw her alive on **May 7, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Cerebral arteriosclerosis**

Due to **Psychosis with cerebral arteriosclerosis**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **Psychosis with cerebral arteriosclerosis**

Of operations.....

Of autopsy **No autopsy.**

22. If death was due to external causes, fill in the following:

(a) Nature of injury, disease, or homicide (specify) **No**

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **John A. Bennett M.D.** (M. D. or other).....

Address **State Hosp. #4, Farmington** signed **5/17/48**

Duration
Physician
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 648-29

Date Filed 6-22-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ^{myself} me, or by _____

..... Registered Apprentice No.
working under my personal supervision.

Signed Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.